MARGIN RESERVED FOR BINDING

CEDTIFICATE OF DEATH

Dato signed Z-Z/-4

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, was RURAL and give nearest town) How long in above place of death? Hospital, institution, or sireet address where death occurred: Camber dee	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write BURAL and give nearest town) Street No. 230 (If raphi, give LOCATION) 2.(a) If veleran, name war
3.(a) FULL NAME Preston Ande	3. (b) Social Security Number 214-07-8753
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced Nale Neoro Naried 6.(b) Name of husband or wife Eeos 3. Anderson 6.(c) If alive, give age 3. years 7. Birth date of deceased (mo., day, yr.) Nay 19 1912 8. AGE: Years Months Days It less than one day 3 9 11 less than one day 3 9 11 less than one day 3 9 10 less than one day 3 10 less than one day 3 10 less than one day 3 11 less than one day 3 11 less than one day 3 11 less than one day 3 12 less than one day 3 11 less than one day 3 11 less than one day 3 11 less than one day 3 12 less than one day 3 12 less than one day 3 13 less than one day 3 11 less than one day 3 12 less than one day 3 13 less than one day 3 14 less than one day 3 15 less than one day 3 16 less than one d	MEDICAL CERTIFICATION 20. DATE OF DEATH I LANGE TO THE L
12. Name. Charles Anderson 13. Birthplace Deals Island Som. Co. Mb 14. Malden name. Sarah Lohnson 15. Birthplace Deals Island, Som. Co. Md 16. Informant. Ceorpia Anderson Address Cambridge Md 17. Burial Part Bate thereof Teb 24 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory. Deals Island Som. Co. Md Location Deals Island Som. Co. Md	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, lodustry, public place (where?)

Means of Injury

Address Ruhrie

Registrar

VS A15

13. Funerat director

(Date rec u hy registrar)

Address

FEB 25 1946

(M	1
-	<u> </u>	/

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 836

CERTIFICATE OF DEATH

01548,6

	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: For revious infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME addie J. andre	
2. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. SO M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw here alive on January 30 19 46
8. AGE: Years Months Days It less than one day	Grebal Teworhage I day
9. Birthpiace(Town, county, and state)	Due to Concrusclerus
10. Usual occupation	Due to
12. Name Joseph Zelzhugh 13. Birthplace Lakesvelle	Other conditions
14. Maiden name arranda Near Dis Birthpiace Wingste	(Include pregnancy within 3 months or death) Major findings of operations
16. Interment James a. andrews	Antopsy results.
Address Caculride md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. (Burial, cremation, or remove) Which?) Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or cremetery.	Where did injury occur? (City or town) (County) (State)
Location Joseph Survey	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Address Address	alph of Junker
19. 2/2/ (Date ree'd) y registrar) 19. Registrar	37 Loc 8V, Carel nd 2 Date street 2/46

RECEIVED:
FEB 6 1948
BURFAUTE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Rate V. andrews	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale white Willowed	20. DATE OF DEATH. Feb. 3 19.46, 21 11:30 M
6.(b) Name of husband or wife Welleam . andrew	21. I DERTIFY that death occurred on the dale above staled; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) GRUL 9, 1867	and that I last saw h FRalive on 726.
8. AGE: Years Months Days If less than one day	Immediate cause of death
83 9 24min.	1, Failure, Faay
9. Birthplace	Our to Jufferegrad
10. Usual occupation. V to welve fe	A
11. Industry or business	Olher conditions
12. Name alfred steward 13. Birthplace Lakesville	
14. Maiden name Mary Fastwell 15. Birthplace Sakearelle	(Include pregnancy within 3 months of death) Major findings of operations
2 15. Birthplace Abberrelle	Date of op.
16. Informant TWO. Clarence W. Neau	Antopsy results
Address Cauling Mid	22, VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or erematury.	Where did injury occur?
Location Capulridge ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Rewell & Howas	Means of injury injured at work?
Address Cambridge Md.	Ull Hande
19. Jeb 15 at 19 46 John Mace John Registrar	23. SIGNATURE Date Signed At / 1/6

K. E. CHALLES

FEB 8 1946

BUREAU VE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (484)

CERTIFICATE OF DEATH

A	
1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infalts give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Wortherton
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Unnie 6. Brinstie	ld
4. Sex 5. Color or race 8.(a)Single, married, widewed, or divorced	MEDICAL CERTIFICATION
Thus Magned	12D. DATE OF BEATH TEGETHORY) 5 1946 at 9:00 AM
B.(6) Name of husband or wife. / Dalvin 6 / Bringfiel	21. I CERTIFY that death occurred on the date above the det that I attended deceased from
7. Birth date of years	and that I last saw h. A. ahre on Teleview 7 19.12%
deceased (mo., day, yr.) 1 Varch 21-1872	Immediate cause of death
8. AGE: Years Months Days If less than one day	D 1
land Ynd	Carcinoma of mornis
B. Birthplace (Town, county, and state)	Due to.
1D. Usual occupation touseworth	Due to
11. Industry or business	
12. Name Court White	Dther conditione
	(Include pregnancy within 8 months of death)
14. Maiden name Mary J. Dailey 15. Birthplace Md.	Major findings of operations
15. Informati Balow B. Buisfield	Date of op.
Address _ Vienna Md. RD.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 2-17-1446	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Wach) (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Two Tures	Injured at home, farm, industry, public place (where?) Meane of injury Injured at work?
18. Funeral director Tros	Meane of Injury Injured at work?
Address Wharflowy	23. SIGNATURE, William O. Harrison MD
19. +et 16 (les. W. Hartrey. (Date rec'd by registrar) Registrar	Address Julock Md. D. or other Date signed 2 16/46
Tooking it.	Advices

FEB 26 1946 BURLAU V S

MARYLAND STATE DEPARTMENT OF HEALTH 01551 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Dist. No. 116 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: County Dorchester County Dorchester State Maryland Cambridge (If outside city or town limits, write RURAL and give negrest town) Cambridge (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long In above place of death? 2 Years Hospital, Institution, or street address where death occurred: 108 Gay St. (If rural, give LOCATION) 108 Gay St. How long In hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME Charles Madison Geoghegan 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION every item of ite the causes BINDING

3. (b) Social Security Number Male White Widowed 20. DATE DE DEATH. 21. 1 CERTIFY that death occurred on the date above stated; that I stighted deceased from 6.(b) Name of husband or wife.... Clara Virginia Mulls and that I last saw h Man alive on deceased (mo., day, yr.) April 2, 1863. Immediate cause of death If less than one day 8. AGE: 82 10 9. Birthplace Baltimore, Maryland. (Town, county, and state) 10. Usual occupation..... 11. Industry or business 12. Name Wm. C. Geoghegan
13. Birlipplace Maryland (Include pregnancy within 3 months of death) 14. Maiden name Saloma Chaney Major findings of operations.... 15. Birthplace Maryland 16. Informant Wm. E. Geoghegan PHYSICIAN: Please underline the cause to which death should be charged atatistically. New York City. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof Reb. 7, 1946 17. Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide.....

Where did Injury occur?

Mesns of injury

Registrar

(City or town) Injured at home, farm, Industry, public place (where?)

important.

Address

Cemetery or crematory Greenmount Cemetery

Baltimore, Maryland.

18. Funeral director Le Compte's Funeral Service Cambridge, Maryland.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

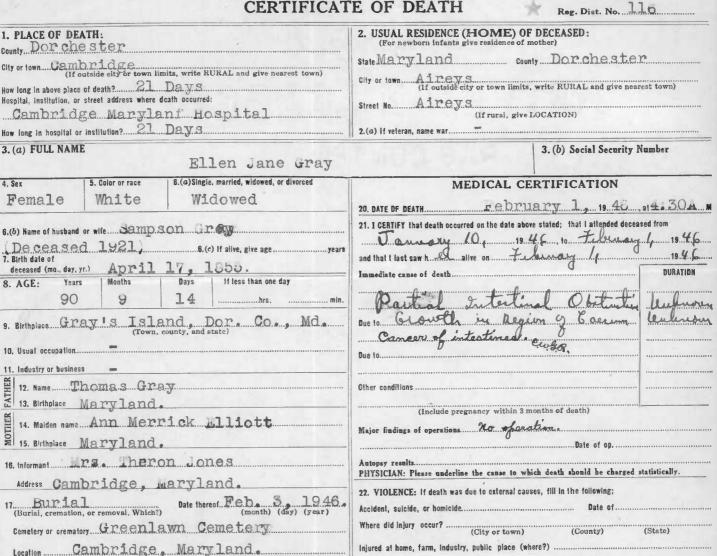
CERTIFICATE OF DEATH

01552 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Deletas	State Maryland County Darchesters
(If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write AURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Ceclary St.
Redan Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Illus Jonous	
4. Sex 5. Color or rape 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION,
male Coland Midom	2D. DATE DF DEATH VET S 1970, at A M
	21. I CENTIFY that death occurred of the date above stated; that I attended deceased from
6.(b) Name of husband or wife	notrule. 2 stal 10 Tell
7. Birth date of 10 a A	and that I last saw here alive on TW.
deceased (mo., day, yr.)	Immediate sause of death
8. AGE; / Years Months Days If less than one day	Cormany reach assere 4 mos:
hrs. min.	
9. Birihplace (Town, county, and state)	Due to. Wilson occurs
10. Usual occupation Labour	
11, Industry or business Wml	Due to
E 12. Name Jahman gumloy	Other condition of theme.
13. Birthelace Market	
# 14. Maiden name Llaly of mbry	(Include pregnancy within 3 months of death)
14. Maiden name Llang wbny 15. Birthplace Waysland	Major findings of operations
≥ 15. Birthplace	
16. Informant of the state of t	Autopsy results
Address Canthrodge	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Blthell Date thereof fan 10-4	Accident, sulcide, or homicide
(Burial, cremation, or removal, Wbich?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location A And Michael wo	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lland H. B. alynew	Means of injury injured at work?
Address Canlewall	Olle / 4 Ducker
2 e O e m. & m	23. SIGNATURE M. D. pro
19. 2-1- 19.46 John Mace Juma. (Data roc'd by registrar) Registra	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (400) CERTIFICATE OF DEATH 1. PLACE OF DEATH: county Dorchester



FOR BINDING

MARGIN RESERVED

important.

8. AGE:

18. Funeral director Le Compte's Funeral Service

Cambridge, maryland.

Means of Injury

Registrar Address Q God

Injured at work?

FEB 6 1946 BUREAU V B

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1140

CERTIFICATE OF DEATH

01554

Date signed 2

Bow long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or rate 6. (a) Single, married, widewed, or discreed Finale Coloral Luggle 20. Date of Death MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended decreased from the date above stated; that I at		Reg. Dist. No
The control of the property of	County Douchetter	(For newborn infants give residence of mother)
3. (a) FULL NAME Jeanette M. Hayer 4. Sex J. Color or race S.	How long in above piace of death? Hospital, institution, or street address where death occurred:	City or town Cholesdale - Rural (If outside city or town limits, write RURAL end give nearest town) Street No. Reids Travel
4. Sex S. Color or rice described with the process of the second of the	How long in hospital or institution?	. 2.(α) If veteran, name war
Date of pushand or wife 6.(b) Name of husband or wife 8.(c) Halve, give age 7. Birth date of decased (mm., day, yr.) 8. AGE: Years Months Days It less than one day 10. Usual accupation 11. Indistry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 16. Informant 17. Autopy results 18. Informant 18. Informant 19. Info	3. (a) FULL NAME Jeanette M. Hayes	
8. (c) Hame of hurband or wife 1. Birth date of decessed (fonc, day, yr.) 2. AGE: Years Months Days It less than one day 3. AGE: Years Months Days It less than one day 4. It less than one day 5. Birthplace 1. B		
8. AGE: Years Months Days It less than one day 9. Birthplace Painter Virginia (Town, cightly, and state) 10. Usual occupation 11. Industry or business 12. Name James Heart Figure 13. Birthplace Virginia 14. Maiden name Painter Virginia 15. Birthplace Publishese 16. Informant Address Rhodesdule heryland R.J. 17. Cemetery or cremation, or removal, While 17 Cemetery or crematory Location Reids 18. Funeral director Address Addre	7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
9. Birthplace	8. AGE: Years Months Days It less than one day 5	Datenia Conviction I da
11. Industry or business 12. Name	(20 mg, county, and blace)	Due to.
Dither conditions 12. Name Aware Henry Francy 13. Birthplace Uriginia 14. Maiden name Pearl Lee Rideout 15. Birthplace Dellehaven Uriginia 16. informant Rearl Lee Rideout Address Rho-desdale haryland RFD. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or cremaiory Reidi Lase Caralless Location Reids Grant Maryland 18. Funeral director Address Full alexbury Maryland 19. Funeral director Address Full alexbury Maryland 20. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury 19. Funeral director Address Full alexbury Maryland 20. Signature 21. M. D. or other		Due to
(Include pregnancy within 3 months of death) 14. Maiden name. Frack Lie Rideout 15. Birthplace Della Large Virginia 16. Informant. Frack Lee Rideout Address Rhodesdale Maryland R.J. 17. Gurial (Burial, cremation, or removal, Which?) Cemetery or crematory. Reide Large Centery Location. Reide Grant Maryland 18. Funeral director. Address Large Maryland Address Large Maryland 18. Funeral director. Address Large Maryland Address Large Maryland 19. Funeral director. Address Large Maryland 20. Signature. 21. (Include pregnancy within 3 months of death) Major fisdings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Maans of Injury injured at work? 23. Signature. 24. Address Large M. D. or other	12. Name tames Henry Finney. 13. Birtholace Virginia	
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Address Talendard Manyland 23. SIGNATURE. 23. SIGNATURE. 24. 16. 10.46. Chas. W. Harting of Manyland 24. M. D. or other		
Address Rhodesdale hay and R.J. 17. Guial. (Burial, cremation, or removal. Which?) Cemetery or crematory Reide Lace Construct Location Reide Lace Construct 18. Funeral director. Address Lace and Lace bury hay land 23. Signature. 23. Signature. 24. Loca to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 24. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Means of Injury injured at work? 23. Signature. 23. Signature. 24. Loca to which death should be charged statistically. 24. Address Rhodesdale hay so which death should be charged statistically. 25. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Means of Injury injured at work?	Para las Ridal	Date of op
Date thereof. Tethuans 1946 (Burial, cremation, or removal. Which?) Cemetery or crematory. Reids trace Cenetery Location. Reids Trace Manufand 18. Funeral director. Address testing Manyland 23. Signature. 23. Signature. 23. Signature. 24. M. D. or other	10, thiurmant	
Cemetery or crematory. Reid Trace Cemetery Location Reids Trace Marchand Location Means of Injury Means o	(Burial, cremation, or removal, Which?) Date thereof. Seburary 19 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Address tader mesburg manyland 23. SIGNATURE 23. SIGNATURE M. D. or other	Cemetery or crematory Reide Trace Cenetery	Where did injury occur?
Address Teder resource Manyland 23. SIGNATURE 23. SIGNATURE M. D. or other	LOCATION	
7.4.16 1046 Ches. W. Harting ar White many Englished San M. D. or other	4	Q. 20 - 2 4 Mars
(Date rec'd by registrar) Registrar Address Date signed 2		ac Ushate med En . M. D. or other

FEB 26 1946 BUREAU V.B.

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

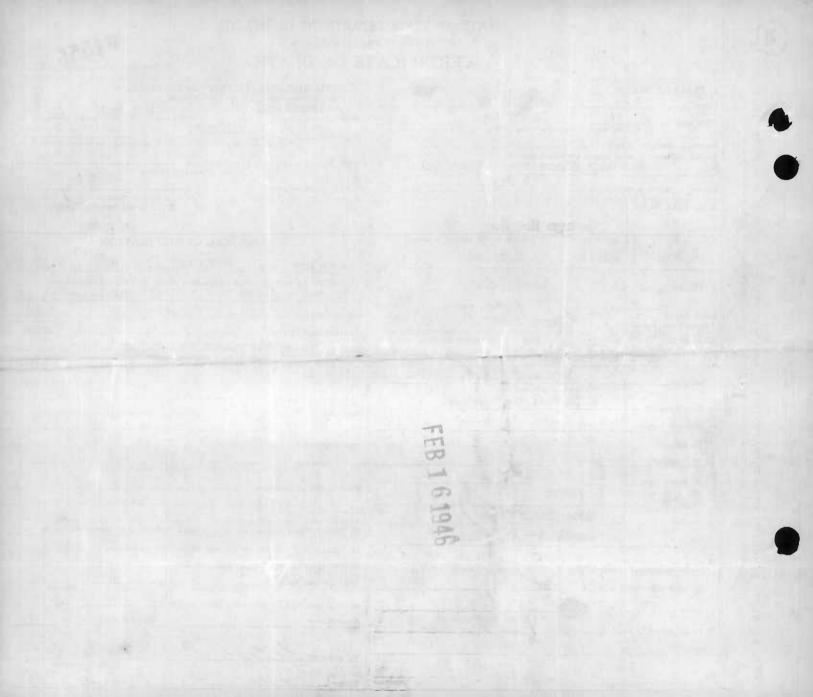
PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933 CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:		`,	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Dorchester			***************************************	(For newborn infants give residence of mother)	
Canbridge (If outside city or town limits, write RURAL and give nearest town)			idge	State County County	998*8*98*8*88
(If	outside city or town	limits, write H	URAL and give nearest town)	City or town	***********************
How long in above place	of death?		day	City or town (1f ontside city or town limits, write RURAL and give no	arest town)
Hospital, institution, or	street address where	death occurred	te Hospital	Street No	
	CO 0 CO 11 CO 1	1 7		(If rural, give LOCATION)	V
How long in hospital o	institution?		K. J.	2.(a) If veteran, name war	
3.(a) FULL NAM	E			3. (b) Social Security	Number
er gill of		ge Hemm		unknow	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Ma	rried	20. DATE OF DEATH February 10 146	7 20 4
		1		20, DATE OF DEATH. FOOTBETY 19 15.0	, at. 1. a JW A. h
6.(b) Name of husband	or wife	liaud	Trice	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
			e) if alive, give ege	February 9 18 46 to February	ry 10 46
7. Birth date of				and that I last saw h. IRalive on February 10	1246
deceased (mo., day,	(r.)	June 2		Immediate cause of death	DURATION
8. AGE: Years	ALL THE SEC.	Days	if less than one day	Hypertensive Cardiovascular	
1/3	0 8	100	hrs mln.	Disease	unknow
	D	russiand	willa, quebec Can		
9. Birthplace	(Town	, county, and	tate)	Due 10	***************************************
	De	ntal te	chnician		
10. Usual occupation		Į	Inknown	Oue to	
	17:2-0	rd Hem	ine		***************************************
12. Name	Engl			Other conditions	***************************************
				(Include pregnancy within 8 months of death)	
14. Malden name.	Sopn	io Wire	man		
14. Maiden name.	Engla	nd		Major findings of operations	
-1 13. Bittiplace	lle nu	24-7 7	lan amil a	Date of op.	
16, Informant	Hosp	ital F	records	Autopsy results	
Address	Camb	ridge, h	laryland	PHYSICIAN: Please underline the cause to which death should be charged	statisticany.
0	•		01000	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation	, or removal. Which	Date ther	eol 746. (day) (year)	Accident, suicide, or homicide	
	(1. 1. 1. i	Reis		Where did injury occur?	***************************************
Cemetery or cremate	nrydramatication	1	0		(State)
Location Cos	edingly.	7 0.	A .	Injured af home, farm, industry, public place (where?)	000000000000000000000000000000000000000
44	5-00%	10	16	Means of Injury Injured at work?	
18. Funeral director				1 1 Man.	
Address Dans	on · mo			23. SIGNATURE	2001
21			nol no.	ZS. SIGNATURE M. D.	or other
19. (Date rec'd by re	gistrar)	9/.	Registrar	Address DILEG MA Date signed	1/169



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

41556

...... Date signed.....

CERTIFICAT	LE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Market County or town. (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
How tong to hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) 11 veteran, name war
noch Henry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 2 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above soled; that I atlended deceased from
7. Birth dale of	
deceased (mo., day, yr.) west 49th 1900	and that I last saw it
8. AGE: Years Months Days If less than one day	Immediate cause of death
45 23hrs. min.	
76.1	coara heart show
8. Birthplace (Town, county, and state)	Due 10. Officer
Marcas Manhould	
10. Usual occupation	Due to
11. Industry or business	
12. Name Collector Heury 13. Birthplace	Other conditions
14. Maiden name Alda Coullouse 15. Birthpiace	(Include pregnancy within 3 months of death)
W 15 Birthniaga	Major findings of operations.
16 Informant Mrs mel Henry	Antopsy results
Address Cast new Wakket	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brial Bale thereof Feb 13th 1946	22. VIOLENCE: It death was due to external causes, fill in the following:
(Berial, cremation, or removal, Which?) (month) (day) (year)	Accident, sutcide, or homicide
Cemelery or grematory	Where did injury occur?
Location 6 ast how Warrel	Injured at home, tarm, industry, public place (where?)
18. Fueral director J. J. J. Villoughly	Means of tnjury tnjured at work?
Address ast new Market.	1 - 2 - 1 m/o
19. Leb 12 1946 Elizabeth C. Senth	23. SIGNAJURE M. D. Or Other
T Registrar	Address Date signed 2 111 4 C

main to amorging



9.45-15 M

VS A15

WRITE

PLEASE

.19 46

17-(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01557

				,
Par	Dist	No	1/6	0

		CERTIFICA	TE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: County			(If outside city or town limits, write RURAL and give nearest town) Streel No. 23. High St. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	White	Widowed		
Male		na Radcliffe	2D. DATE DF DEATH	
7. Birth date of deceased (mo., day 8. AGE: Year 8. Birthplace R. 10. Usual occupation 11. Industry or busin 12. Name 9. 13. Birthplace	Died 1932 April April By Honths Combrid To Cambrid To Cambrid Town, Retire By Her Maryland	B.(c) If alive, give age yea 7, 1863. Days If less than one day 8 hrs. mi Lee, Dor. Co., Md. county, and state) Arrange Tarmer	and that I last saw haddalive on 19.7. Immediate cause of desth Duration 3 Jugs n. Due to Alexander Ale	
16. InformantM.	r. James	H. Hooper	Autopsy results. Date of op	
Address Wa	shington,	D. C.	22. VIOLENCE: If death was due to external causes, fill in the following;	
11. Burial Date thereoffeb. 17. 1946. (Burial, cremator, or removal Which?) Cemetery or crematory. Christ Church Comotory Location Cambridge, Maryland.			Accident, suicide, or homicide	
18. Funeral director LeComptels Funeral Service Address Cambridge, Maryland.			23. SIDNATURE Claridge HWolflut	



2411 N. Charles St., Baltimore 108

01558

CERTIFICATE OF DEATH

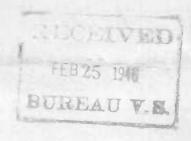
CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
3 (a) FULL NAME Alexander Jackson	3. (b) Social Security Number
4. Sex 5. Coffer or race (6.(a) Single, married, widowed, or divorced Mall Coffacion Malvirgh	MEDICAL CERTIFICATION 20. DATE OF DEATH. Hele 20, 1 1946 at 30.
8.(6) Name of husband or wife All McL Gold Application (b) Name of husband or wife All McL Gold Application (c) If all ve, give age 30 years	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) Plants Days If less than one day	Immedial causof death former from the former from the former former from the former from the former
9. Birthplace Cambolic Gown, county, and state) 10. Usual occupation Laborated	Due to. Oue to.
11. Industry or business 12. Name Jahn & Jack San 13. Birtiplace Md	Other conditions
14. Maiden name Alexanid Blean 15. Birthplace M	Major findings of operations. Date of op.
Address Cambandal Manager 1	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) Date thereof (month) (dgr) (year)	Accident, suicide, or homicide
Location	(City or town) (County) (State) Injured al home, farm, industry, public place (where?) Meens of Injury Injured at work?
Address Camberage Ma	R. Brown All
19. Jel. 23-1946 John Mace Juma Registrar	23. SIGNATURE M. D. or other M. D. o
	nd "

MARGIN RESERVED FOR BINDING

PERASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

The correct age

VS A15



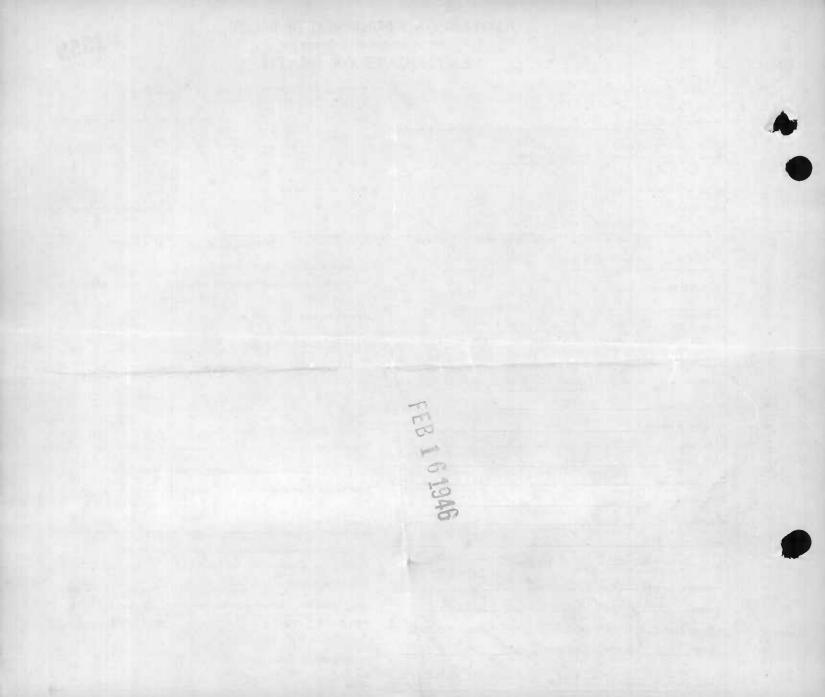
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

01559 Reg. Dist. No. 116

County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County Clif or town limits, write HORAL and give nearest town) Street No. (If outside city or town limits, write HORAL and give nearest town)		
How long in hospital or institution?	2.(a) If veteran, name war		
Baly Boy Johnson	3. (0) Social Security	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male colored strigle	20. DATE OF DEATH 2 elimenty 10 19.46 at 6:05 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece	eased from	
7. Birth date of			
deceased (mo., day, yr.) - etc. /0, 1946	and that I last saw h		
8. AGE: Years Months Days It less than one day O O	asslika	5 hus. 50 m	
9. Birthplace Caculination blanchester Co. Med	Due to	***************************************	
10. Usual occupation	Due to.		
11. Industry or business	JUC 10.	***	
12. Name asker see	Other conditions	• • • • • • • • • • • • • • • • • • • •	
	(Include pregnancy within 3 months of death)		
14. Maiden name. Planoitty Juliussu. 15. Birthplace Crass Id.	Major findings of operations	. 0	
Z 15. Birthplace	Date of op		
16. Interment Alexaety Start	Autopsy results		
Address Cambridge, Add.	22. VIOLENCE: If death was due to external causes, till in the following:		
17	Accident, suicide, or homicide.	THE PARTY OF THE P	
Cemetery or cremptory Select Cely	Where did injury occur? (Gity or town) (County)	(State)	
Location Cambridge M.	Injured at home, farm, Industry, public place (where?)	2	
18. Funeral director Seuro XI Barganeer	Hoone of injury Mother Rolled File Injured a work? I	us	
Address Cambridge ml	23 SIGNATURE String Depute Medican	o Games	
19. a/14 19 46 Golumacope		or other	
(Date rec'd by registrar)	Address Carebreage Ma Date signed.	2-10-766	



PLEASE WRITE PLAINLY, WITH-UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (377)

01560

Reg. Diat. No. //6

CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	Slate County County		
How long in above place of death? 244	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street eddress where death occurred:	Street No. 1.3 8 Northy to Ct		
	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
simile ear single	2D. OATE OF DEATH ALLEN 8 19 44 216:00 4		
6.(b) Name of husband or wife	21 I DEDTIEN that death assured as the data share stated, that I attended deserved from		
	4-1-may 1946 to 4-1-1946		
7. Birth date of	and thet I last saw harmalive on 19 46.		
deceased (mo., day, yr.) / 14 / 8 8 3	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Oulmon Elm ' 42		
62 7 24hrsmin.	Comment theleter Inc		
9. Birthplace Walsen Na	Due to Che Myreality 8 mm		
(Town, county, and state)			
1D. Usual occupation.	Due to		
11, Industry or business	-		
12. Name	Diher conditions 14 mg		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name. W. K	Major findings of operations		
15. Birthplace	Date of op.		
16. Informant May N. stonly	Antopsy results		
Address Canal Man	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
B 1 1 19 19 19	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof	Accident, sulcide, or homicide		
Cemetery or crematory.	Where did injury occur?		
Cu la la la D	Injured at home, farm, Industry, public place (where?)		
Location	Meens of Injury Injured at work?		
18. Funeral director	injerior et mari		
Address Combally My	23 SIGNATURE CASE M & COME MAS		
2/14 of John March &	M. D. or other		
(Date ree'd by registrar) Registrar	Address The Date signed 2 - 12 - 76		

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	ICATE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tufants give residence of mother) State Maryland County Queen Anne Pondtown (If outside city or town limits, write RURAL and give neurest town) Street No. (If rural, give LOCATION)	
3.(a) FULL NAME William E. Lynch	3.(b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 22 19.46 21 10.4	
6.(b) Name of husband or wife NETY Graham 6.(c) If alive, give age 1862	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Bronchopnue monia 5 ds	
9. Birthplace Norgnec Kent county Maryland (Town, county, and state) 10. Usual occupation Farmer	Oue to General and Cerebral Arteriosclerosis Oue to unknown	
11. Industry or business Unknown 12. Name Perry L. Lynch 13. Birtholace Maryland	Senility Other conditions Epitheliams of left cheek "	
Ruth Ann Crouch 14. Maiden name Ruth Ann Crouch 15. Birthplace Maryland 16. Informant Hospital Records	(Include pregnancy within 3 months of death) Major fludings of operations	
Address Dambridge, Maryland Date thereof Delb 25 /6 (Burial, cremation, or removal, Which?) Cemetery or crematory Location Location Location Location Address Challes Wells Address Challes Wells Address	Accident, suicide, or homicide	

VS A15

MARGIN RESERVED FOR BINDING

FEB 25 194 BUREAU V.S.

	TE OF DEATH Reg. Dist. No. 276
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State
3.(a) FULL NAME Janie Mae Mister	3. (b) Social Security Number
4. Sex Shale S. Color or race Married, wildowed, or divorced Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.46
8. (b) Name of husband or Ernest Mister 8. (c) If alive, give age	and that I last saw h. e.I. allve on DURATION Immediate cause of death DURATION Acute Cardiac Decompensation 2 c
12. Name Haze Diggs Vriginia 13. Sirthplace Vriginia 14. Malden name Ellen Cocces	Other conditions Bronchistis Ads Psychosis with Convilsive Disorder (Include pregnancy within & months of death) Major findings of operations 15 y:
16. Informant Hospital Records Address Cambridge Naryland 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location	Date of op
16. Funeral director Address 306 Wa St Quida Da St Qu	23. SIBNATURE. JULIAN M. D. or other



Evidence for addition of MARYLAND STATE D birth date of deceased is shown on 2411 N. Char	rles St., Baltimore 83-20		
FILM No. I Q O MAR 5 1946 CERTIFICA	TE OF DEATH Reg. Dist. No. ///		
1. PLACE OF DEATH: County Work hereig	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town Miles, write RURAL and give nearest town)	State County		
How long in above place of death?	City or town		
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME gratus. M. Moyley	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married wildowed, or diverced	MEDICAL CERTIFICATION		
Mass white Married	20. DATE OF DEATH. Le 11/4017 22		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Liphing 21. 19. 4. to Filling 21. 19. 4. and that I last saw h. 12. allive on Filling 22. 19. 4. Immediate cause of death. Celubril Shumbling DURATION Due to Artericolumn 19. 4. Due to Artericolumn 19. 4.		
11. Industry or instiness Signature W. Markey	Due to		
12. Name gnalus, II, Morfey 13. Birthplace westeria	Other conditions		
	(Include pregnancy within 3 months of desth)		
14. Maiden name. Hausah Mussell 15. Birthplace Austria	Major findings of operations.		
16. Informan Low Morey	Autonsy results.		
Address Lex he taxil	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Betral Date Mercol Fret 26 / 946	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removed) Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location The Control of the Control	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director			
Address of My Markett	23. SIGNATURE ML D. or other		
(Date roe'd by rogistrar) 19 Go Clyddin Charlester Registrar	Address Punna In Date signed \$2.3.40		



2411 N. Charles St., Baltimore 61)

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)	
County Dorchester		- Tr 3	state Maryland county Dorchester	
City or town Rural Bishops Head (If outside city or town limits, write RURAL and give nearest town)		nits, write RURAL and give nearest town)		
How long in above ni	iace of death?	ife	City or town Rural-Bishops Head (If outside city or town limits, write RURAL and give nearest town)	
Hospitai, institution,	, or street address where o	leath occurred:	Street No. Bishops Head	
	Grap		(If rural, give LOCATION)	
How long In hospita	al or institution?	gan	2.(a) If veteran, name war	***************************************
3. (a) FULL NA	ME		3.(b) Social Se	curity Number
		Glennie Flora Mur	phy	-
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N
Female	White	Widowed	20. DATE OF DEATH February 9, 19	
C (h) Nama at huaha	www. Winfie	eld Pritchett	21. I CERTIFY that death occurred on the date above stated; that I gitend	led deceased from
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
7 Pieth data of			and that I last/saw harmalive on February	1946
	ay, yr.) Nov. 2.		Immediate cause of death left one	DURATION
0. 1100.	ears Months	Days If less than one day	mego-certities	2 1000
'/	75 2	17hrs. min		//
e Richard Bi	ishops Head	d, Dor. Co., Md.	Due to.	
10. Usual occupation	on Domestl	<u> </u>	Bue to	
11. Industry or busi	iness Home			2 aprond
H 12 Name	John Murph	У	Other conditions Reserves	
13 Richnlace	Bishons H	ead, Maryland.		
C. I.S. Birmplace	Towns To	wis	(Include pregnancy within 3 months of death)	
14. Malden na	me Laura Lo	MTD	Major findings of operations	
15. Birthplace	Hoonersvi	lle, Maryland.	Dale of op.	
16. Informant	miller	wis lle, Maryland. muncherse	Autopsy results	***************************************
Address	Buhon	5 M M 11	PHYSICIAN: Please underline the cause to which death should be o	barged statistically.
Dana	: 12		22. VIOLENCE: If death was due to external causes, fill in the foliowing	:
(Buriai, cremat	tion, or removal. Which?)	Date thereof Feb. 12, 194 (month) (day) (year)	Accident, suicide, or homicide	of
		Family Cemetery	Where did injury occur?	
Location Bi	shops Head	, Maryland.	Injured al homo, farm, Industry, public place (where?)	
			Manne of Information Information and Manne	rk?
		s Funeral Service		
Address C	embridge,	Maryland.	23. SIGNATURE C. H. TALLICE	
7.0	11 .4.	Simple on A Prital		M. D. or other
(Date rec'd by	registrar)	Registra	Address Commobilge hel Date	signed 7/9/46



1 DIACE OF DEATH

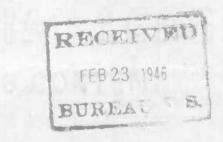
2 HISHAL RESIDENCE (HOME) OF DECEASED.

01565 Reg. Dist. No. 115

County Doro			(For newborn infants give residence of	mother)		
		nc Creek mits, write RURAL and give nearest town)	state Maryland county Dorchester			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			City or town Rural Fishing Creek (If outside city or town limits, Write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:		Street No. Fishing Cree				
		reek	(If rural, give			
How long In hospital	or Institution?		2.(a) If veteran, name war			
3. (a) FULL NAM		Villiam Phillips		3. (b) Social Security Number		
4. Sex	5. Golor or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White	Widowed	20, DATE OF DEATH. Februs	ry 17, 19.46 at 6:10P		
	ed-8/28/19	a Parker Phillips 239 6.(c) If alive, give age years 0, 1872		46, 10 FW- 17 19 × 6		
8. AGE: Yes		Days If less than one day		infin I well		
10. Usual occupation	Waterma	County, and state)	Due to Chame Willi	li and		
11. Industry or business Seafood 12. Name. John R. Phillips 13. Birthplace Maryland			Dither conditions. Curpus	months of death)		
14. Maiden nam	Mary A. Maryland	Phillips Burton	Major findings of operations.	,		
18. Informant	lss Berth	Phillips ek, Maryland.	Antopsy results	hich death should be charged statistically.		
	on, or removal. Which?		22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of		
Cemetery or crematory HoosigrMemorialCometery			Where did injury occur?(City or town)	(County) (State)		
Location F:	ishing Cr	eek, Maryland.	Injured at home, farm, leddstry, public place (w	there?)		
18. Funeral director.	LeCompte	s Funeral Service	Means of Injury	Injured at work?		
1 1	8 19×6		23. SIGNATURE Came W. M.	M. D. or other alchd Date signed 2/18/46		

MARGIN RESERVED FOR BINDING

VS A15





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County Dor chester City or fown	State maryland county Dor chester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
John Roland Pritchet	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Ella May Toffd (Deceased)	and that I last saw h./
Address 102 Gay St., Cambridge, and. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St. Thomas Cemetery Location Bishops Head, Maryland. 18. Funeral director Le Compte's runeral service Address Cambridge, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

VS A15

correct age

RECEIVED

FEB 8 1946

BURFA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 13/20

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: county Dorchester				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
				State Maryland County Caroline			
City or town			RURAL and give nearest town)				
			days	City or town Ridglev (If outside city or town limits, write RURAL and	give nearest town)		
			pital	Street No.			
				(If rural, give LOCATION)	V		
How long in hospital or institution? 2 years 6 days 3.(a) FULL NAME				2.(a) It veteran, name war.			
J. (a) FULL NA		ATTE CUTTERAL VILLE	nn.		ecurity Number		
4.6	THOMAS FRA			None			
4. Sex	White		e, married, widowed, or divorced	MEDICAL CERTIFICATION	NC		
Male	Autre	Mar	ried	2D. DATE DF DEATH Feb. 2, 1946	9:00 P.		
B.(&) Name of husba	nd or wifeAnni	e Rolph	***************************************	21. I CERTIFY that death occurred on the date above stated; that I attern Jan. 26, 1944 19 Febro 2,	nded deceased from		
7. Birth date of	,,,,	В.(c) It alive, give ageyears	and thal I last saw h im alive on Feb. 2, 1946	19		
deceased (mo., da	y.yr.) Sent	ember 1	3 1872	Immediate cause of death Broncho pneumonia	19		
O. ILGIA.	ars Months	Days	If less than one day	Immediate cause of death			
7	3 4	19	hrsmln.	,	2 days		
	en Anne's (Town	County, and	Maryland state)	Due to Hypertensive cardio-renal. vascular disease	Indef.		
10. Usual occupation 11. Industry or busing		##***********************	•••••••••••••••••••••••••••••••••••••••	Due to			
12. NameT	homas Henr	y Sewar	d	Dther conditions			
14. Malden nam	e Ella E	las		(Include pregnancy within 3 months of death) Major findings of operations.			
15. Birthplace	?			Dale of C			
	Hospital Ri	Reards		Antopsy results			
	3.3.3.3.2.2.2.3.3.3.3.3.4	**************************************		PHYSICIAN: Please anderline the cause to which death should be			
Address 17(Burial, cremati	on, or removal Which	Date there	2 - 5 - 46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide			
Cemetery or crem	atory Dec	clan	Lamelon	Where did injury occur?	(State)		
Location	a) culs	·	Euch 1	Injured at home, farm, Industry, public place (where?)			
1B. Funeral director	Q. Vi	egel	Sceam Total	Means of Injury Injured at w	ork?		
Address	0	4 Og	laing Zed	23. SIGNATURE Jaher & Fairs	me Tu. x		
19	/ registrar)	Jok	wMacfu. Registrar	M. D. or other			

FEB 6 1946
BUREAU V.S.

The correct age

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)



10	4	U	U	4
				1

CERTIFICAT	TE OF DEATH Reg. Dlst. No. 116				
1. PLACE OF DEATH: County. Death County. City or town. (If outside city or town) in above place of death? How long in above place of death? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State				
3. (a) FULL NAME	3. (b) Social Security Number				
Male White Hidaway	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 17, 18 46, at 6: 50 f				
8. (c) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Gown, county) and state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 14. Maiden name 15. Birthplace 15. Birthplace 15. Birthplace 15. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I stended deceased from 19				
2 15. Birthplace 16. Intermant May Mach Saunder Address 17. Sunce Date thereof (month) (day) (year) Cemetery or crematory. Cemetery o	Autepsy results. PHYStCIAN: Please underline the cause te which death sheutd be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Address. Date signed. Date signed.				

RECEIVED "FEB 21 1946 BUREAU V.B.

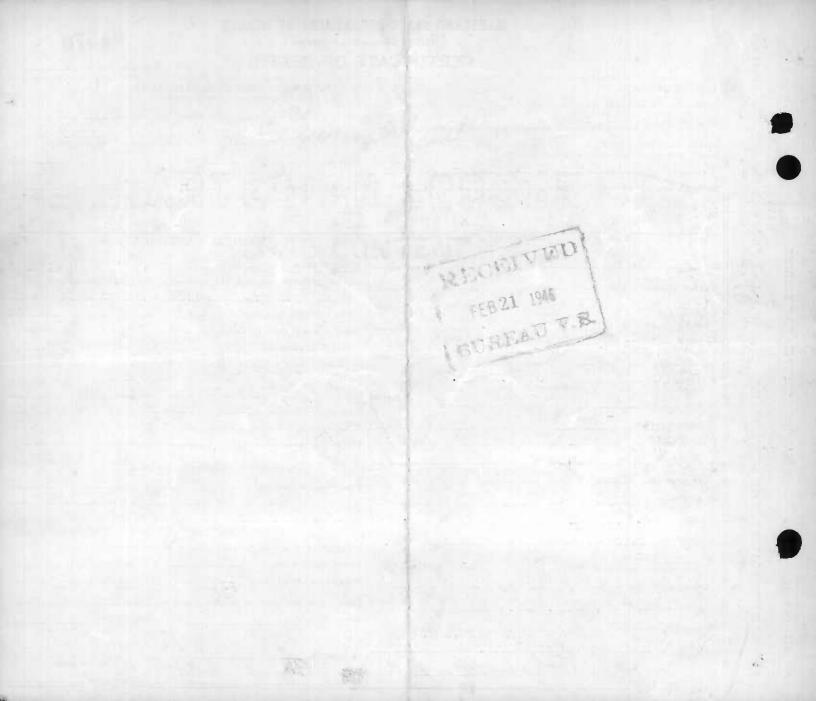
01570

CERTIFICATE OF DEATH

			ATE OF DEATH	V1570
		CERTIFICA		Reg. Dist. No. 11 6
1. PLACE OF DEATH: county Dorcheste	ייך		2. USUAL RESIDENCE (HOME (For newborn infants give residence	O OF DECEASED:
City or town Cambrid	ae		State Maryland	county Dorchester
(If outside c	ty or town i	mits, write RURAL and give nearest town)	***	T.d.S. imits, write RURAL and give nearest town)
How long in above place of death Hospital, Institution, or street a	idress where	death occurred:		
		nd Hospital	Street No. RFD # 2 (If rural,	give LOCATION)
How tong in hospital or instituti	on?3]	Days	2.(a) If veteran, name war	<u> </u>
3. (a) FULL NAME				3. (b) Social Security Number
	Will	iam C. Shorter		
4. Sex 5. Colo	r or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Male Wh	ite	Widowed	20, DATE OF DEATH Februs	ary 18. 1946 at 7: A
6.(b) Name of husband or wife	Sall	lie Inslev	21. I CERTIFY that death occurred on the date	e above stated; that Lattended deceased from
		6.(c) If alive, give age	Tele 15	1946 to Fac/ 9 19
7 Rirth date of		2, 1873.	and that I last saw h	19.5
	onths	Days If less than one day	Immediate cause of death.	OURATI
73	1	7hrs	in.	o — o — o — o — o — o — o — o — o — o —
Seward	a Do	r Co Ma	Volule	Vifeert 11
		or. Co., Md.	Oue to	e.e.
10. Usual occupationI.a.b	orer		Bue to.	ly el
11. Industry or business			alens	belum 1
E 12. NameWillia I3. Birthplace Mary	m S.	Shorter	Other conditions	
Z 13. Birthplace Mary	land.		(Include pregnancy within	n 2 months of death)
		Shorter	Major findings of operations	
15. Birthplace Mary	land.		Major imaings of operations	
		Shortor		_
		mbridge, Maryland.	PHYSICIAN: Please underline the cause to	o which death should be charged statistically.
			22. VIOLENCE: If death was due to external	
17. Burial (Burial, cremation, or remo				
Cemetery or crematoryIx	sley.	Family Cemetery	Where did injury occur?(City or tow	vn) (County) (State)
Location Sewards	.,Do.	. Co., Maryland.	tnjured at home, farm, Industry, public ptace	e (where?)
		s Funeral Service	Meens of injury	Injured at work?
Address Cambrid	lee 1	s runeral Service	Helen	E Emy Cuis
3 .4 00	6 15	John March 1	23. SIGNATURE	M. D. stother
19. (Date rec'd by registrar)	19	Registr	ar Address	Polo signed -197

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 39-

CERTIFICATE OF DEATH

		1	11	5	7	1
Reg.	Diat.	No.	_/	1	0	JĘ.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Dorchester		
How long in above place of death? 25 4 Lars Hospital, institution, or street address where death occurred: Tean Cldorads	City or town Phodesdale Rural (If outside city or town limits, write RURAL and give nearest town) Street No. Acar Eldorado		
How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME arminta May Sipes	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Le make White Married	20. DATE OF DEATH Debruary 8 1946 21 8.40 A		
6.(b) Name of husband or wife George L. Sipes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	1840, to Feb 8 1844		
deceased (mo., day, yr.) Lanuary 20, 1865	and that I last saw half alive on tell 19 %		
8. AGE: Years Months Days If less than one day	Interesting to cause of death DURATION Serally ses ay Itaus 6 year		
8/hrsmin.			
9. Birthplace (Town, county, and state)	Due to		
10. Usual occupation Housework	Due to		
11. Industry or business Home			
12. Name. Sylvester Ingles 13. Birthplace Indiana	Other conditions of Try 1900 much		
	(Include pregnancy within 8 months of death)		
14. Malden name Jane Garrer 15. Birthplace Kentucky	Major findings of operations.		
16. Informant George L. Hipes	Antopsy results.		
Address Phodesdale Wayland R. 7D.	PHYSICIAN: Please nnderline the cause to which death should be charged statistically.		
17. Durial Dale thereof Isbruary 11 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Eldorado Cemetery	Where did injury occur?		
Location Eldoralo Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director O. V. Tramptom and Lon	Means of Injury Injured at work?		
Address Felderalsburg, Maryland	HS tullen		
19. Feb. 19 19.46 Clas. W. Hastings (Date rec'd by registrar)	Address Deur Date signed 7/1/4 L		

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BUREAUTE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

01579

CLICITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County Right Steel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of motion)
City or town of Old Must Markette (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
But to be best to be the best to be	(If rural, give LOCATION)
Now long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war
ferry statum	3. (b) Social Security Number
4. Set) 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Coloned withour	20. DATE OF DEATH Feb. 7 19.46 at 9 P M
6.(b) Mame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 7.6.7.19.46
7. Birth date of	and that I last saw his alive on 7.4.
8. AGE: Years Monthly Days If less than one day	Immediate cause of death my vardeal failule BURATION
88 10 hrs. min.	V
ml	de ce i Vi la
9. Birthplace	Due to. Semany
10. Usual occupation of assured	Due to.
11. Industry or business	
12. Mame for ext State of 13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Barriett St. Birthplace & TMA	Major findings of operations.
\$ 15. Birthplace	Date of op.
16. Informani form Slaceur	Antopsy results
Address Parket.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Burial Date thereof Step 10 1946	22. VOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remove). Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injur occur?
Location Control of Co	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Thew Market	as control mes & showing m. V.
10 Feb. 9 1046 Elizabeth C. Smith	23. SIGNATURE M. D. or other
(Date rec'd byregistrar)	Address Sturlock, Md. Date signed 16.9, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

CERTIFICATE OF DEATH

02.11.10.11	Reg. Dist. No.
1. PLACE OF DEATH: County Cablic	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Many land County Dat Chester
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred:	Street No. 21522
	(If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war Dustilians W.
GEORGE E. Tilghma	3. (b) Social Security Number
4. Sex 5. Office or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored. Married	20. DATE OF DEATH February 16 19 46 at 5:30 PM
6.(b) Name of husband or wife Daomi Virginia tilohus	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age 30 years	alead of the rival 19
7. Birth dale of deceased (mo., day, yr.) Lept. 28th 1912	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Suistant
) 7 /7min.	
9. Birthplace Town, coonty, and state)	Due to Aratio and Riddent
10. Usual occupation. Jahover:	Due to
11. Industry or business Carrying Factory.	
12. Name Ozorge S. Diegumah 13. Birthplace Pulsuowa	Other conditions
	(Inclode pregnancy within 3 months of death)
14. Maiden name Ensura lant Olayow 15. Birthplace Marybud	Major findings of operations. Mous
\$ 15. Birthplace Marybour	Date of op.
16. Informant	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Laylor's Island, Ma.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removai, Which?) Date thereof. ###	Accident, suicide, or homicide. aprilent Date of Feb 16 1846
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Landaces Labored Midi	Injured at home, farm, Industry, public place (where?) Pablic Road:
18. Funeral director Lewis H. Bagnerra	Means of Injury Automobils accidentifured at work? No-
Address Cambridge, Maryland	Eldridge A. Wolff M.D.
2-19- 16 John Mars On Me	23. SIGNATURE COLLY LESSELY Medical Challenge
(Date world by conjectory)	2-10-11

Registrar Address.

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of information carefully. The correct age stant. Physicians: please write the causes of death clearly and legibly.

FEB 21 1946

2411 N. Charles St., Baltimore 92-9

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

115

Date signed TUN 11

(M)	oct 3	
•	H UNFADING INK. Supply every item of information carefully. The correct ortant. Physicians: please write the causes of death clearly and legibly.	1. PLACE County.DO City or town How long in a Hospital, insi
S _C	of informa ses of deat	3. (a) FUI
FOR BINDING	every item rite the cau	8.(b) Name o
VED F	Supply lease w	8. AGE:
MARGIN RESERVED	NG INK.	9. Birthplace
MARGII	NFADI	11. Industry
F	H U.	# 14. Maid

CERTIFICATE OF DEATH OF DEATH: rchester bove place of death? Life flution, or street address where death occurred: Rural-Honga hospital or Institution? I. NAME Wilfred Tyler 5. Color or race 6.(a) Single, married, widowed, or divorced White Married husband or wife Lucy Lewis Tyler mo., day, yr.) NOV. Years If less than one day (meady Maryland Town, county, and state) or business Jahra Tyler place Maryland den name Mary Emily Tyler GOOTEE \$ 15. Birthplace Maryland. 16 Informant Isidore Meredith Address Cambridge, Maryland. 17. Burial (Burial, cremation, or removal, Which?) Oate thereof Reh 13, 1946 (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Cambridge, Maryland,

ambridge. Maryland

19. Funeral director Le Compte s Funeral Service

State Maryland county Dorchastan City or town Ring 1 * Honga, (If outside city or town limits, write RURAL and give nearest town) Street No. Honga (If rural, give LOCATION) 2.(u) If veteran, name war., Sou al Securitin 3. (b) Social Security Number number is be 24 MEDICAL CERTIFICATION 20, DATE OF OFATH February 10, 1946 at 2: P M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from uly 15 1845 10 Feb 10 Immediate cause of death Comman Unambour CURATION (Include pregnancy within 3 months of death) Major findings of operations .. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

ASE WRITE PLAINLY, V



2411 N. Charles St., Baltimore 160-6)

-	10 0.	1	5	7	5

CERTIFICATE OF DEATH

Reg. Diat. No. //6

-37		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County Dorchester	
П	City or town (If outside city or fown limits, write RURAL and give nearest town)	State
- [[City or town (If outside city or town limits, write RURAL and give nearest town)
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
1	Hospital, Institution, or street address where death occurred:	Street No.
1	Cambridge Maryland Hospital	(If rural, give LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war.
1	3. (a) FULL NAME	3. (b) Social Security Number
	LINDA JEANT Willey 400	
I	4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ш	Female White Infant	Fol 25 46 7:0
Ш		20. DATE DF DEATH Feb. 23 19 46 , 21 3. A. M
	B.(b) Name of husband or wife Intant	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1	B.(0) Name of husband or wife	2-23 1945 10 2/73 1946
H	7. Birth date of	and that I last saw h. C. C. alive on 2-23 19 1/6
1		Immediate cause of death
	o. Aul.	Thromboses of procenta
	hrs. min.	earl due Tto tosoion
	C. lide M. L.	10
	9. Birthplace Cambridge Mary land. UTofin, county, and state)	Deta to the second
		man and the second
	10, Usual secupation	Due town here have
	11. Industry or business	0
	12. Name Linwood Willey 13. Birthplace Maryland	Other conditions
1	13. Birthplace Maryland	
		(Include pregnancy within 8 months of death)
	14. Maiden name Blanche English	Majur fiudiugs of operations.
	& 15 Rithniace Sharptown Maryland.	Date of op.
	14. Maiden name Blanche English 15. Birthplace Sharptown, Maryland.	
	16. Informant Mr. Linwood Willey	Autupsy results
	Address Rambler Rd., Cambridge Md.	
	/ //	22. VIOLENCE: If death was due to external causes, fill in the following;
	17. Burla, cremation, or removal, Which?) Bate thereof Feb. 23 1946. (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Dorchester Memorial Park	Where did injury occur?
	Location Cambridge Marglands	injured at home, farm, industry, public place (where?)
		Meens of injury Injured at work?
	18. Funeral director Le Compte & Funeral Service	01260
	Address Cambridge, Maryland.	23. SIGNATURE
	19 2/25/19 46 John Macaja Mod	Complete Solled M. Dorother
	(Date reo'd by registrar) Registrar	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise specially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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